STATEMENT OF

FORM 1	ORGANIZA (See instruction			Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Elect Blake Fa	renthold Committee		1 1 1 1 1 1 1	
	. D.O. Boy 2200			
ADDRESS (number and	P.O. Box 3369			
(Check if address X is changed)				
	Corpus Christi			78463
		CITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-	-mail address)		
(Check if address is changed)	blake@blake.com			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	http://blakefarenthol	ld.com/		
2. DATE M N 1 1	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
3. FEC IDENTIFICA	TION NUMBER	C C00473736		
4. IS THIS STATEM	NEW (N) OR	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my kno	owledge and belief it is true, corre	ect and complete	
Town on Divid Name of	Treasurer Ward McCampb	ell		
Type or Print Name of	reasurer	<u> </u>		
Signature of Treasurer	Electronically Filed by Ward McC	Campbell	Date 11	18 Y 2010
NOTE: Submission of fa	lse, erroneous, or incomplete information ma		·	
Office Use Only		For further informa Federal Election Cor Toll Free 800-424-99	nmission 530	FEC FORM 1 (Revised 02/2009)